

# City of Greenbelt APPLICATION FOR EMPLOYMENT

(301) 345-7203 TDD: (301) 474-1811

## Mail to:

Personnel Office 25 Crescent Road Greenbelt, MD. 20770-1886

1. Personal History					
Name in Full (Last, First, Middle)					
Current Address:		Homo	Phone		
Street Address			Area	Code	Number
	<del></del>	Work	Work Phone		
City State	Zip Code		·		Number
Social Security No	-				
	2. Educa	tion			
A. High School					
Name of High School or Issuer of GED	Address - City & State		Dates Attended From To		Graduate
			FIOIII		Yes
		*,*		M.	No
Years Completed 1 2 3 4 5 6	7 8 9	10 11 12	(Circle Hi	Lghest Grad	
B. College or University					
Name of College and Location	Subject		Years Attended		Degree
Name of Conege and Location	Major	Minor	From	То	Received
C. Other Training	T		<del></del>	F	<del></del>
Name and Address of School	Study Specialization		on	From	То
		<del></del>	·		_
	1				

## 3. Employment History

List last position first, inclu	ide history of employr	ment starting with	your present or	most recent position.
Include all relevant paid, n	on-paid, volunteer, a	nd military experie	ence. List prom	otions as separate jobs.
Name and Address of Employer		Dates Employed		Salary/Earnings
		From: Month/Yr.	To: Month/Yr.	Starting \$ per
				Ending \$ per
Exact title of your position	Name of Immediate S	Supervisor	····-	Reason for Leaving
		Area Code	Number	
Description of work:		Alea Code	Number	
Name and Address of Employer Dates Employed		nployed	Salary/Earnings	
		From: Month/Yr.	To: Month/Yr.	Starting \$ per
				Ending \$ per
Exact title of your position	Name of Immediate S	I Supervisor	<u></u>	Reason for Leaving
, ,		,		_
Description of work:	<u> </u>	Area Code	Number	
Description of work.				
Name and Address of Emplo	over	Dates En	nploved	Salary/Earnings
INAME and Address of Employer		From: Month/Yr.   To: Month/Yr.		
		FIOM. WORRDT.	TO, WOTHINTT.	Starting \$ per
Frankiska of recognition	There of because distant	<u></u>		Ending \$per
Exact title of your position	Name of Immediate S	Supervisor		Reason for Leaving
		Area Code	Number	
Description of work:				
				<del>. , ,</del>
Name and Address of Employer		Dates Employed		Salary/Earnings
		From: Month/Yr.	To: Month/Yr.	Starting \$ per
				Ending \$ per
Exact title of your position Name of Immediate Supe		Supervisor		Reason for Leaving
Aron		Area Code Number		
Description of work:	<u> </u>	7 Hou Code	Yamber -	

		4. Milita	ry Reco	ord			
Have	you ever served on active du	ity in the armed forces	of the Unit	ed States?	Yes	No	
Branc	ch of Military Service					<u></u>	
Туре	of Discharge:	Basis:		Dates	of Active D	uty (Month, D	Day, Year)
				From:		To:	
Serial	l No.			Memb	er of Reser	ve?Y	´esNo
		5. Cou	rt Reco	rd			
Have	you ever been convicted of a	ny violation including to	raffic, but e	xcluding pa	rking ticket	?Yes	
"Yes"	, list all such matters regardle	ess of disposition. Convi	iction will no	t necessarily	disqualify a	n applicant fron	n employment.
Date	Place and Department	Charge	Disp	osition		Details	
·	·						
			<del>-  </del>				
L							
	6	. Membership	s in Org	janizati	ons		
Are y	ou now, or have you ever bee					_Yes	No. If "Yes"
list be	elow.			\ .		If Present, li	ist position
	Name	City and Star	te	Former	Present	and extent	
	<del>*************************************</del>						
-							
L					1		
		7. R	elatives	<del></del>			
Do yo	ou have any relatives employe	ed by the City of Greenb	elt?\	YesN	lo. If "Yes",	list names an	d relationship
	Name /	Δ			Relation	nehin	
	Name(s	)		·	(Claud)	Тотпр	
	·				• "		
						·	
						<del></del>	
		9 Drive	re Lico	neo			
		8. Drive		1156	·		******
A.	Do you have a valid driver's						
	State of issue		License Nui	mber(s)			
B.	Commercial License		_C				
C.	Non-Commercial License	<del></del>					
D.	Passed Air Brakes Portion o	f Test? Yes	No				

		9. References			
Give the	ree references (not relatives) who are	adults who have known you well f	or at least 3 year	S.	
Years Known		Indicate Business or Home Address	Telephone Number	Business or Occupation	
_					
		744			
1. Withi	<b>10.</b> Fin the last five years, have you been fin Yes", give details on a separate sheet	Personal Declarations red for any reason? Yes of paper and attach it to this appli	No ication.		
2. Withi	in the last five years, have you quit a jo Yes", give details on a separate sheet	ob after being notified that you wo of paper and attach it to this appl	uld be fired? ication.	YesNo	
27, Sec	owing notice applies to everyone exce tion 727, or any employee of any law e own, or other municipal corporation.	pt applicants for law enforcement nforcement agency of the State of	officer positions Maryland, or any	as defined by Article county, incorporated	
EMPLOY!	MARYLAND LAW, AN EMPLOYER MAY NO MENT OR ANY EMPLOYEE TO SUBMIT TO O ON OF EMPLOYMENT OR CONTINUED EMP EANOR AND SUBJECT TO A FINE NOT TO EX	R TAKE A POLYGRAPH, LIE DETECTOR PLOYMENT. ANY EMPLOYER WHO VI	R OR SIMILAR TEST	OR EXAMINATION AS A	
NOTE:	ALL APPLICANTS MUST Attention	: This section must be signed in or	der to be conside	ered for any position.	
	ACKNOWLEDGE THE NOTICE  ABOVE, BY SIGNATURE, ON THE FOLLOW  COULD RESULT IN REJECTION OF THE AF		···	FAILURE TO SIGN	
NOTE:	VOTE: UNDER THE IMMIGRATION CONTROL ACT OF 1986, AN EMPLOYER IS REQUIRED TO HIRE ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS. APPLICANTS WHO ARE SELECTED FOR EMPLOYMENT WILL BE REQUIRED TO SHOW AND VERIFY AUTHORIZATION TO WORK IN THE UNITED STATES.				
A. I ce					
B.	I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work.				
C. I authorize investigation of all statements contained in this application for employment. Because of this, are you aware of any information about yourself or any person with whom you are or have been closely associated which might tend to reflect unfavorably on your application, morals, character or ability?YesNo. If yes, please attach a separate piece of paper giving your version of these incidents.					
D. I understand that I may be required to submit to such job related examinations as may be required, produce documentation verifying identity and employment eligibility in the United States. I also understand that if employed by the City of Greenbelt I am required to serve a probationary period during which time my performance will be evaluated and I may be terminated if my conduct or performance is not fully satisfactory.					
Applicar	nt's Signature	Date			
The City marital c status	of Greenbelt considers applicants for a property of Greenbelt considers applicants for a presence of a nor	ll positions without regard to race, on the control of the condition of decided and de	color, religion, sex lisability, or any o	k, national origin, age, ther legally protected	
Do Not V	Nrite Below this Line				
Date Rec	ceived	Application No.			
Comments					



### AFFIRMATIVE ACTION DATA SURVEY

#### **VOLUNTARY SURVEY**

The City of Greenbelt has an Affirmative Action Program to ensure equal employment opportunity in its hiring practices. Applicants are considered for all positions without regard to race, color, religion, national origin, sex or age (except where sex or age is a bonafide occupational qualification), marital status, veteran status, or the presence of a non-job-related medical condition or disability. We are asking you to voluntarily help us monitor the effectiveness of our program by completing the affirmative action data below. This form will be filed separately from your application and the provided information will not be used to discriminate against you in any way.

Position Applied For	Carteria	Date		
Name				
Last	First	Middle		
Street Address		· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code		
Sex:   Male  Female		Birthdate		
Ethnic Origin (please check one)		Month/Day/Year		
□ White (Not of Hispanic Origin)		ng origins in any of the original peoples of a, or the Middle East.		
□ Black (Not of Hispanic Origin)	All persons having of Africa.	g origins in any of the Black racial groups		
☐ Hispanic		All persons of Mexican, Puerto Rican, Cuban, or South Spanish culture or origin, regardless of race.		
☐ Asian or Pacific Islander	•	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands.		
☐ American Indian or Alaskan Native .	North America, and	g origins in any of the original peoples of who maintain cultural identification on or community recognition.		
Disabled: □ Yes □ No				
Describe disabling condition				
Veteran of Vietnam Era 1962-1975 □	Yes □ No			
How did you learn of the job for which y	ou are applying?			
□ Walk-in □ Newspaper Ad	dvertisement Name of paper			
□ From a City Employee □	Other			